

Federal Communications Commission Washington, D.C. 20554

February 17, 2005

The Honorable Paul S. Sarbanes United States Senate 309 Hart Senate Office Building Washington, D.C. 20510

Dear Senator Sarbanes:

Thank you for your letter on behalf of your constituent, David Warshawsky. Mr. Warshawsky is concerned with recent proposals made by the Commission regarding the use of wireless telephones in airborne aircraft. Specifically, Mr. Warshawsky opposes action by the Commission that would permit such use.

On February 15, 2005, the Commission released a *Notice of Proposed Rulemaking (Notice)* in WT Docket No. 04-435 that proposes to relax the Commission's current ban on the use of 800 MHz cellular telephones in airborne aircraft, including airplanes. In 1991, the Commission adopted the current ban on the airborne use of cell phones out of concern that such use would interfere with terrestrial cellular networks. Since then, advances in technology appear to address the initial concerns of interference that warranted adoption of the ban. Consequently, the Commission believes that it may now be possible for the traveling public to use their cell phones while airborne without increasing the risk of interference to cellular systems on the ground.

Accordingly, in the *Notice*, the Commission proposes to relax the ban on the airborne use of cellular telephones so long as the phones are controlled by a "pico cell" installed onboard private or commercial aircraft that directs the handsets to operate at or near their lowest applicable power settings. It also seeks comment on the practicality of an industry-initiated solution that would enable use of airborne cellular units without the FCC having to mandate technical rules. Finally, the *Notice* seeks comment as to whether the Commission should allow licensees to provide 800 MHz cellular service to airborne wireless units on a secondary basis, subject to certain technical limitations that would ensure no interference to terrestrial operations. Publication of the *Notice* in the *Federal Register* is currently pending and we expect the comment period to begin in early spring of this year.

I hope that this information is helpful. Please contact me or Guy Benson, Mobility Division, Wireless Telecommunications Bureau, at 202-418-0620, if we can be of further assistance. Thank you for your interest in this matter. Your letter and this response will be placed in the record of this proceeding.

inda C Chang

Associate Chief, Mobility Division
Wireless Telecommunications Bureau

What

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United States Senate

WASHINGTON, DC 20510-2002

January 18, 2005

Ms. Diane Atkinson Federal Communications Commission Office of Legislative and Intergovernmental Affairs 445 12th Street S.W. Room 8-C453 Washington, D.C. 20554

Dear Ms. Atkinson:

Enclosed is a copy of correspondence I received from David Warshawsky. The letter raises some serious concerns about the Federal Communications Commission's proposal to modify its rule prohibiting the use of cellular telephones on airborne aircraft. I would certainly appreciate it if you would carefully review this matter and provide me with an appropriate response.

Your attention to this matter is greatly appreciated.

With best regards,

Sincerely,

Paul Sarbanes

United States Senator

PSS/sgz

View f:\emailobj\200412\5\122060455.txt

From:

warsky@comcast.net

Date:

12/20/2004 6:04:02 AM

To:

webmail@sarbanes-iq.senate.gov

Subject:

Cell Phones in airplane flight

The use of cell phones in airplane flight is the WORST ruling the FCC could make. Sitting in the waiting areas waiting to board my flight and having to listen to people 25 - 50 feet away discuss there business is very discourteous.

Under the proposed rule, while sitting in the confined area of the airplane, and having to listen to other peoples chatter at all noise levels makes me shutter.

David Warshawsky

Ce: Ben Cardin Barbara Mikulski Paul Sarbanes

=== Original Formatted Message Starts Here ====

Sender's IP address = 68.34.107.135 <APP>SCCMAIL <PREFIX>Mr.</PREFIX> <FIRST>David</FIRST> <LAST>Warshawsky</LAST> <ADDR I>1506 Berwick Rd</ADDR I> <ADDR2></ADDR2> <CITY>Baltimore </CITY>

<CITY>Baltimore </CITY: <STATE>MD</STATE>

<ZIP>21204</ZIP>

<><>

<EMAIL>warsky@comcast.net</EMAIL>

<ISSUE>gen</ISSUE>

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309 HART SENATE OFFICE BUILDING WASHINGTON, DC 20510 202-224-4524

United States Senate

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26 JEN 2005 ROUD

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PREDICTED COVERAGE CONTOURS

NEW DTV STATION MOBILE, ALABAMA CH 18 300 KW (MAX-DA) 574 m

du Treil, Lundin & Rackley, Inc. Sarasota, FL

CDBS TV/DTV SEPARATION STUDY

Job Title: Separation Buffer: 50 km Channel: 18 Coordinates: 30-36-45 87-38-43 Class: Zone: III

Type: DT

Call Id	City File St Status Num		Latitude Longitude	Bear	Dist. Req. (km) min max
	MOBILE BLCT AL LIC C 19820308K			353.1	1.6 24.1 96.6 22.55 Clear
	MOBILE BPCT AL APP C 20040106A	15(+) 5000.000 D AIII 563 68280	30-36-40 087-36-27	92.4	3.6 24.1 96.6 20.47 Clear
	PENSACOLA BDSTA FL STA C 20021021A			90.0	0.0 24.0 110.0 24.00 Clear
	PENSACOLA BPCDT FL CP C 19991028A	• *		90.0	0.0 24.0 110.0 24.00 Clear
DWEART	PENSACOLA FL DTV	17() 1000.000 D III 372	30-37-38 087-37-31	49.5	2.5 24.0 110.0 21.48 Clear
	MOBILE BPRM AL GRA C 20000714A	18(Z) 396.000 D BIII 552 65214		90.0	0.0 223.7 223.7 223.70 Short
WDHN 43846	DOTHAN BLCT AL LIC C 2038	18(Z) 1070.000 N III 223	31-14-30 085-18-48	71.9	233.5 244.6 244.6 11.06 Short ¹
WBXN-C 70419	NEW ORLEANS BLTTA LA LIC C 20040525A			252.0	241.5 0.0 0.0 3.10 Class A
WMAH-T 43197	BILOXI BMLET MS LIC C 20030103A	19(+) 1593.000 D AIII 476.3 64495		277.6	125.6 12.0 106.0 19.59 Clear
WMPV-T 60827	MOBILE BLCT AL LIC C 19860103K	21(+) 4370.000 D FIII 436 18235		107.2	9.1 24.1 96.6 14.99 Close
WMPV-T 60827	MOBILE BPCT AL CP C 20010905A		30-35-18 087-33-16	107.2	9.1 24.1 96.6 14.99 Close
WXXV-T 53517	GULFPORT BLCT MS LIC C 19870224K		30-44-48 089-03-30	276.7	136.2 24.1 96.6 39.62 Clear

Protection provided using OET-69 studies, see technical narrative.

du Treil, Lundin, and Rackley

Coordinates: 30-36-45 87-38-43 Frequency Range: 200-300 Range: 16

FM Stations Within 16 kilometers

Rec Type	Fac Id	Call	Status	Chan	Svc Class	Class	City	St DA	Latitude	Longitude	ERP (kW)	HAAT (m)	RCAMSL (m)	Bear	Dist. (km)
С	2540	WBLX-	F LIC	225	FM	С	MOBILE	AL N	30-37-35	087-38-50	100.00	0474.0	508.0	353.1	1.6
С	53145	WKSJ-I	F LIC	235	FM	С	MOBILE	AL N	30-37-35	087-38-50	100.00	0474.0	508.0	353.1	1.6
С	12143	WJLQ	LIC	264	FM	С	PENSACOLA	FL	30-37-35	087-38-50	100.00	0474.0	508.0	353.1	1.6
С	8680	WYOK	LIC	281	FM	С	ATMORE	AL	30-37-35	087-38-50	100.00	0474.0	508.0	353.1	1.6
С	52230	WPCS	LIC	208	FM	С	PENSACOLA	FL	30-35-18	087-33-16	100.00	0405.0	429.0	107.2	9.1
С	73256	WMEZ	LIC	231	FM	C0	PENSACOLA	FL	30-35-18	087-33-16	100.00	0405.0	437.0	107.2	9.1
С	61243	WTKX-	F LIC	268	FM	С	PENSACOLA	FL N	30-35-18	087-33-16	100.00	0405.0	437.0	107.2	9.1
¢	32946	WXBM-	F LIC	274	FM	С	MILTON	FL	30-35-18	087-33-16	100.00	0405.0	437.0	107.2	9.1
С	52230	WPCS	CP	208	FM	C0	PENSACOLA	FL N	30-35-16	087-33-13	95.000	414.0	439.0	107.4	9.2
С	63931	WYCL	CP	297	FM	C0	PENSACOLA	FL N	30-35-16	087-33-13	100.00	0417.0	441.0	107.4	9.2

du Treil, Lundin, and Rackley

Coordinates: 30-36-45 87-38-43 Channel Range: 2-69 Range: 16

TVs Within 16 kilometers

Rec Type	Facility e Id	Call	Status	Chan	Svc Class	Class	City	St	DA	Latitude	Longitude	ERP (kW)	HAAT (m)	RCAMSL (m)	Bearing	Dist. (km)
С	158818	NEW	GRA	18	DM		MOBILE	AL	D	30-36-45	087-38-43	396.00	0 552	584	0	0
С	71363	WEAR-T	STA	17	DS		PENSACOLA	FL	D	30-36-45	087-38-43	8.30	0 102.8	136	0	0
С	71363	WEAR-T	CP	17	DT		PENSACOLA	FL	N	30-36-45	087-38-43	1000.0	0 579	612	0	0
С	71363	WEAR-T	LIC	3	TV		PENSACOLA	FL	N	30-36-45	087-38-43	100.00	0 574.9	608	0	0
С	10894	WHBR	STA	34	DS		PENSACOLA	FL	D	30-37-35	087-38-50	108.00	0 415	449	353.0	1.55
С	10894	WHBR	CP	34	DT		PENSACOLA	FL.	D	30-37-35	087-38-50	1000.0	0 415	449	353.0	1.55
С	11906	WPMI-T	LIC	15	TV		MOBILE	ΑL	D	30-37-35	087-38-50	5000.0	0 521	554	353.0	1.55
С	10894	WHBR	LIC	33	TV		PENSACOLA	FL	D	30-37-35	087-38-50	3470.0	0 415	449	353.0	1.55
С	83150	960722	APP	61	TV		MOBILE	AL	N	30-37-38	087-37-31	5000.0	0 347	378	49.46	2.52
С	17611	WSRE	STA	31	DS		PENSACOLA	FL	D	30-36-40	087-36-27	287.00	0 549	657	92.43	3.63
С	11906	WPMI-T	LIC	47	DT		MOBILE	AL	D	30-36-40	087-36-27	1000.0	0 558	590	92.43	3.63
С	17611	WSRE	CP	31	DT		PENSACOLA	FL	D	30-36-40.3	087-36-26.9	1000.0	0 549	590	92.28	3.63
С	11906	WPMI-T	APP	15	ΤV		MOBILE	AL	D	30-36-40	087-36-27	5000.0	0 563	595	92.43	3.63
¢	83943	WBPG	LIC	55	TV		GULF SHORES	AL	D	30-36-40.3	087-36-26.8	3750.0	0 308	340	92.28	3.63
С	60827	WMPV-T	CP	20	DT		MOBILE	AL	D	30-35-18	087-33-16	500.00	0 436	468	107.1	9.11
С	60827	WMPV-T	LIC	21	TV		MOBILE	AŁ.	D	30-35-18	087-33-16	4370.0	0 436	468	107.1	9.11
С	60827	WMPV-T	CP	21	TV		MOBILE	AL	Đ	30-35-18	087-33-16	3083.0	0 436	468	107.1	9.11
С	41210	WJTC	LIC	45	DT		PENSACOLA	FL	D	30-35-16	087-33-13	1000.0	0 457	490	107.3	9.21
С	41210	WJTC	LIC	44	TV		PENSACOLA	FL	D	30-35-16	087-33-13	3310.0	0 457	490	107.3	9.21

TECHNICAL EXHIBIT APPLICATION FOR DTV CONSTRUCTION PERMIT NEW DTV STATION MOBILE, ALABAMA CH 18 300 KW (MAX-DA) 574 M

Technical Specifications

Channel		18
Frequency	494-500 N	MHz
Proposed Site Coordinates (NAD 27)	30° 36′ 45″ North Latitu 87° 38′ 43″ West Longitu	
Site Elevation above mean sea level	44.8	3 m
Average elevation above mean sea level of 8 equally spaced radials, 3-16 kilometers	42.5	5 m
Overall height of proposed antenna		·
Above ground	579. 624.	
Above mean sea level	024.	J 111
Height of antenna radiation center	r	
Above ground	570.	
Above mean sea level		6 m
Above average terrain	5 /	4 m
DTV Transmitter		
Rated power output (average)	16.91	kW
Transmission line	Dielectric 562	
Nominal diameter	(6-1/8") 15.6 (1,950 ft) 594.	
Length	· •	.68
Efficiency (2.1 dB loss)	01	.00
Antenna	Dielectric TFU-28GTH 6T	120
Polarization	Horizon	
Peak Power Gain		8.8
Beam Tilt		00°
Main Lobe(s)	110°, 230°, 350°	°T

Proposed Operation

Transmitter output power (average)	16.91	kW
Transmission line loss	6.49	kW
Antenna input power	10.42	kW
Effective Radiated Power (MAX-DA)	300	kW
(DTV average at main lobe)		

Federal Communications Commission
Commission Registration System (CORES)
CORES Certification Form

I, Marianne C. Trana, certify that the FCC Registration Number (FRN) listed below is true and correct to the best of my knowledge, information and belief.

FCC Registration Number (FRN)

O O O I S I O N S C O R P O R A T I O N

ENTITY NAME
P A X S O N C O M M U N I C A T I O N S C O R P O R A T I O N

.

Approved by OMB

FCC 162

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Homeland Security, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Applying for a Social Security Card is easy AND it is free!

USE THIS APPLICATION TO APPLY FOR:

- · An original Social Security card
- A duplicate Social Security card (same name and number)
- A corrected Social Security card (name change and same number)
- A change of information on your record other than your name (no card needed)

IMPORTANT: You MUST provide the required evidence or we cannot process the application. Follow the instructions below to provide the information and evidence we need.

- STEP 1 Read pages 1 through 3 which explain how to complete the application and what evidence we need.
- STEP 2 Complete and sign the application using BLUE or BLACK ink. Do not use pencil or other colors of ink. Please print legibly.
- STEP 3 Submit the completed and signed application with all required evidence to any Social Security office.

HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

- 2. Show the address where you can receive your card 10 to 14 days from now.
- 3. If you check "Legal Alien **Not** Allowed to Work," you need to provide a document from the government agency requiring your Social Security number that explains why you need a number and that you meet all of the requirements for the benefit or service except for the number. A State or local agency requirement must conform with Federal law.
 - If you check "Other," you need to provide proof you are entitled to a federally-funded benefit for which a Social Security number is required as a condition for you to receive payment.
- 5. Providing race/ethnic information is voluntary. However, if you do give us this information, it helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals.
- 6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. Show the mother's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the mother does not have a number or you do not know the mother's number. We will still be able to assign a number to the child.
- 9.B. Show the father's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the father does not have a number or you do not know the father's number. We will still be able to assign a number to the child.

- 13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
- 16. You must sign the application yourself if you are age 18 or older and are physically and mentally capable. If you are under age 18, you may also sign the application if you are physically and mentally capable. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. Call us if you need clarification about who can sign.

ABOUT YOUR DOCUMENTS

- We need **ORIGINAL** documents or **copies certified by the custodian of the record**. We will return your documents after we have seen them.
- We cannot accept photocopies or notarized copies of documents.
- If your documents do not meet this requirement, we cannot process your application.

DOCUMENTS WE NEED

To apply for an ORIGINAL CARD (you have NEVER been assigned a Social Security number before), we need at least 2 documents as proof of:

- Age,
- Identity, and
- U.S. citizenship or lawful alien status.

To apply for a DUPLICATE CARD (same number, same name), we need proof of identity.

To apply for a **CORRECTED CARD** (same number, different name), we need proof of **identity**. We need one or more documents which identify you by the OLD NAME on our records and your NEW NAME. Examples include: a marriage certificate, divorce decree, or a court order that changes your name. Or we can accept two identity documents - one in your old name and one in your new name. (See IDENTITY, for examples of identity documents.)

IMPORTANT: If you are applying for a duplicate or corrected card and were **born outside the U.S.**, we also need proof of U.S. citizenship or lawful alien status. (See U.S. CITIZENSHIP or ALIEN STATUS for examples of documents you can submit.)

AGE: We prefer to see your birth certificate. However, we can accept another document that shows your age. Some of the other documents we can accept are:

- Hospital record of your birth (created at the time of your birth)
- · Religious record showing your age made before you were 3 months old
- Passport
- Adoption record (the adoption record must indicate that the birth data was taken from the original birth certificate)

Call us for advice if you cannot obtain one of these documents.

IDENTITY: We must see a document in the name you want shown on the card. The identity document must be of recent issuance so that we can determine your continued existence. We prefer to see a document with a photograph. However, we can generally accept a non-photo identity document if it has enough information to identify you (e.g., your name, as well as age, date of birth or parents' names). **WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR SOCIAL SECURITY RECORD** as evidence of identity. Some documents we can accept are:

- Driver's license
- Employee ID card
- Passport
- Marriage or divorce record
- Adoption record (only if not being used to establish age)
- Health insurance card (not a Medicare card)
- Military record
- Life insurance policy
- School ID card

As evidence of identity for infants and young children, we can accept :

- · Doctor, clinic, hospital record
- Davcare center, school record
- Religious record (e.g., baptismal record)

IMPORTANT: If you are applying for a card on behalf of someone else, you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued. In addition, we must see proof of identity for both you and the person to whom the card will be issued.

U. S. CITIZENSHIP: We can accept most documents that show you were born in the U.S. If you are a U.S. citizen born outside the U.S., show us a U.S. consular report of birth, a U.S. passport, a Certificate of Citizenship, or a Certificate of Naturalization.

ALIEN STATUS: We need to see an unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card if you are lawfully here and need the number for a valid nonwork reason. (See HOW TO COMPLETE THIS APPLICATION, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify DHS.

To CHANGE INFORMATION on your record other than your name, we need proof of:

- Identity, and
- Another document which supports the change (for example, a birth certificate to change your date and/or place of birth or parents' names).

HOW TO SUBMIT THIS APPLICATION

In most cases, you can mail this application with your evidence documents to any Social Security office. We will return your documents to you. If you do not want to mail your original documents, take them with this application to the nearest Social Security office.

EXCEPTION: If you are age 12 or older and have never been assigned a number before, you must apply in person.

If you have any questions about this form, or about the documents we need, please contact any Social Security office. A telephone call will help you make sure you have everything you need to apply for a card or change information on your record. You can find your nearest office in your local phone directory or on our website at www.socialsecurity.gov.

ADDITIONAL INFORMATION

(FOR FURTHER INFORMATION, REFER TO THE SUPERVISOR'S HANDBOOK ON ADMINISTERING LEAVE AND ALTERNATE WORK SCHEDULES AVAILABLE ON THE FCC INTRANET.)

1. FAMILY AND MEDICAL LEAVE ACT

An employee may use a maximum of 12 weeks leave without pay (annual or sick leave may be substituted) in any 12-month period under the Family and Medical Leave Act for the following reasons:

- A. the birth of a son or daughter and care of the newborn;
- B. the placement of a son or daughter with the employee for adoption or foster care;
- C. the care of a spouse, son, daughter, or parent with a serious health condition; or
- D. the employee's own serious health condition that renders the employee unable to perform one or more of the essential functions of the employee's position.
- 2 <u>DONATED ANNUAL LEAVE</u> (For Leave Transfer Program recipients only.)

3. ADVANCE ANNUAL LEAVE

Advance annual leave is annual leave that is not yet earned. Advance annual leave can be used only if your annual leave is exhausted.

4 SICK LEAVE

Sick leave may be used for the following purposes:

- A. medical, dental, or optical examination or treatment:
- B. incapacitation for the performance of duties by physical or mental illness, injury, pregnancy, or childbirth; or
- C. exposure to a communicable disease which may jeopardize the health of others by the employee's presence on the job.

5. SICK LEAVE CARE FOR FAMILY AND BEREAVEMENT

Sick Leave is authorized for the following purposes:

- A. adoption-related activities:
- B. care for a family member as a result of physical or mental illness, injury, pregnancy, childbirth, or medical, dental, or optical examination or treatment; or
- C. to make arrangements necessitated by the death of a family member or to attend the funeral of a family member.

Family member is defined as a spouse, and his/her parents; children, including adopted children and their spouses; brothers and sisters, and their spouses; and any individual related by blood or affinity whose close association with the employee is the equivalent of a family member.

6. ADVANCE SICK LEAVE

Sick leave may be advanced not to exceed 30 days in cases of serious injury or illness and when required by the exigencies of the situation. A request for advance sick leave must be submitted in writing and be accompanied by a medical certificate or other reasonable certification. Advance sick leave shall not be granted for:

- A. two consecutive days (16 hours) or less; or
- B. slight indispositions, such as colds, other minor ailments, and minor infections.

7. OTHER PAID ABSENCES

PLEASE SPECIFY IN REMARKS SECTION. "Other Paid Absences" include, but are not limited to:

- A. bone marrow donation;
- B. organ donation:
- C. blood donation;
- D. military leave;
- E. jury duty; or
- F. voting.
- a. Your signature is required on this form. A copied, facsimile, or e-mail version is not acceptable.

INSTRUCTIONS FOR TIME AND ATTENDANCE CLERKS ONLY: Time Off Award is to be recorded on the Time and Attendance Report under Transaction Code 66, Prefix 61. Leave taken under the Family Friendly Leave Act is to be recorded on the Time and Attendance Report under Transaction Code 62, Prefix Code 62.

PRIVACY ACT STATEMENT

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be. To the Department of Labor when processing a claim for compensation regarding a job-connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration or to the General Services Administration in connection with its responsibilities for records management.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.